

**MISSOURI DEPARTMENT OF MENTAL HEALTH**

**MRDD MEDICAID WAIVER PROGRAM  
CERTIFICATION**

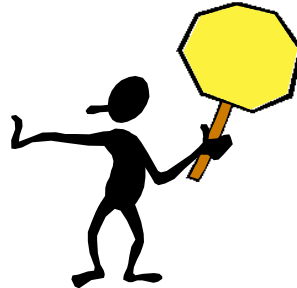
# **Survey Instrument**



*Standards effective June 1, 2002*

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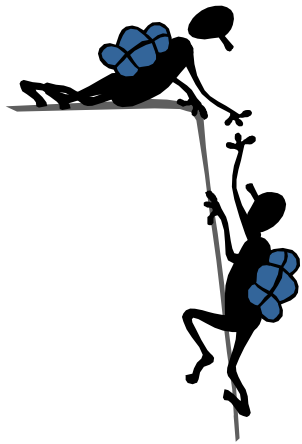


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## MRDD MEDICAID WAIVER PROGRAM CERTIFICATION SURVEY INSTRUMENT

### Section 3.0 Rights

#### 3.2 Assuring Legal Rights

**Outcome: Individuals exercise or are assisted in exercising all rights under the Constitution of the United States and those stated in statute.**

Principle	Compliance	Criteria	Guidelines
<b>3.2.01 Individuals have information on the rights and responsibilities of citizenship.</b>	_____	<ul style="list-style-type: none"> <li>▪ There is a signed document to show that the individual has been informed annually of his or her rights.</li> </ul>	<p>Documentation may include, but is not limited to: a signed statement that rights were reviewed; or a signed rights brochure.</p> <p>Documentation should include the date rights were reviewed.</p> <p>Staff may be observed talking about rights and responsibilities with people they support.</p>
	_____	<ul style="list-style-type: none"> <li>▪ Staff report that they have talked with the person about rights and responsibilities.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ People talk about or demonstrate their rights and responsibilities.</li> </ul>	
<b>3.2.02 Individuals are involved in any process to limit their rights and are assisted through external advocacy efforts.</b>	_____	<ul style="list-style-type: none"> <li>▪ Signed documentation is present that the individual was involved with the decision to limit rights.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ This has been reviewed with the person.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ If rights have been limited, there must be documentation that the individual was given information about possible external advocates that may be contacted.</li> </ul>	
<b>3.2.03 Individuals are entitled to due process when limitations are imposed.</b>	_____	<ul style="list-style-type: none"> <li>▪ Agency has a policy regarding due process when there are limitations of rights of the individuals who are supported by the agency.</li> </ul>	<p>Policy includes the person's right to an appeal and the appeal process.</p>
	_____	<ul style="list-style-type: none"> <li>▪ Agency policy identifies external advocacy contacts for individuals supported by the agency.</li> </ul>	

Principle	Compliance	Criteria	Guidelines
	_____	▪ Each individual has a signed plan of action that details, with timelines, how the person's rights may be restored.	Ask the agency to identify people who have had rights limited. Review documentation.
<b>3.2.04 Individuals are free to communicate privately.</b>	_____	▪ People conduct conversations with others outside of the hearing of staff, including phone, visitor and housemates.	Talk with individuals who are supported. Ask about phone calls, mail, visitors, etc.
	_____	▪ People can receive and send mail.	Observe the use of the phone, people's interactions and mail.
	_____	▪ People communicate without fear of retribution.	
<b>3.2.05 Individuals have freedom of movement.</b>	_____	▪ People report and are observed to access all areas in the home as typical of any adult or child, as well as other environments.	If there is a room used as an office in a group home, residents have access and it is not locked. Confidential documents can be locked. ISLs must not have a staff office.
	_____	▪ Individual freedom of movement limitations are specified in personal plans	There should be no differences between staff and individuals, e.g. no staff bathrooms Adults wouldn't have access to other housemates bedrooms without an invitation.
<b>3.2.06 Staff is trained in preventing, detecting, and reporting abuse/neglect.</b>	_____	▪ Document that staff has received training on preventing, detecting, and reporting abuse/neglect, at least every 2 years.	The Waiver contract (Part II) requires any "contractor employee who has reasonable cause to believe that a resident or client of a community residential facility or day program has been subjected to physical abuse, sexual abuse, Class I neglect, Class II neglect or verbal abuse while under the care of a community residential facility or day program shall immediately make a verbal or written complaint"
	_____	▪ Staff report and can discuss preventing, detecting and how to report abuse/neglect.	9 CSR 10-5.200 Report of Complaints of Abuse and Neglect prescribes procedures for reporting and investigating complaints of abuse and neglect in a residential facility, day program or specialized service.

Principle	Compliance	Criteria	Guidelines
<b>3.2.07 Abuse/neglect is prohibited by policy.</b>	_____	The agency has a written policy that clearly states abuse/neglect is prohibited	Agency policy must include definitions of abuse and neglect consistent with 9 CSR 10-5.200.
<b>3.2.08 Research must comply with state and federal regulations.</b>	_____	The agency has a written policy that clearly states any research must comply with state and federal regulations.	
<b>3.2.09 Guardians and advocates, chosen by the individuals, participate in planning and decision making.</b>	_____	▪ There is clear evidence that the guardian and advocates chosen by the individual participate in the personal planning meeting and other decision making as needed.	Personal plans are signed and updated at least yearly.
	_____	▪ The person's plan must contain a signed consent for treatment by: ◇ a person who is their own guardian; ◇ by an appointed guardian; ◇ or by a parent, if the person is a minor child.	Signature is effective for the current year.  Look at signature page of participants that is part of the individual's plan. This will indicate who was invited, attended and had input into the plan.
	_____	▪ Plan must have a legal signature for consent to treatment dated before treatment begins.	
	_____	▪ If the individual or consumer is interested in having a guardian or if the consumer's team determines the consumer is in need of a guardian, the agency provides the consumer with information about guardianship and advocacy.	Agency support can include contacting the regional center service coordinator.
<b>3.2.10 Individuals are informed of or are assisted in the process of obtaining a guardian, conservator, and/or referred to advocacy services.</b>	_____	▪ If a person is interested in obtaining a legal guardian, the person must be provided information regarding the limitations of rights and has the option to have an advocate.	
			This standard may be non-applicable to many individuals.

Principle	Compliance	Criteria	Guidelines
<b>3.2.11 Staff maintains all information about individuals in confidence.</b>	_____	▪ The agency has a policy regarding confidentiality of information.	"Formal" training is not required; however, if the agency's policy includes formal training, this should be documented in the employee's personnel file.
	_____	▪ Staff knows of the policy and can report its content.	
	_____	▪ Confidentiality policy is reviewed with staff annually and the review is documented.	Assess if staff can verbalize the contents of the policy and if staff acts in a way that maintains confidentiality.
	_____	▪ Staff is observed to maintain confidentiality of person's information.	
<b>3.2.12 Individuals have access to their records and staff is available to answer their questions.</b>	_____	▪ The person's record is maintained on site.	Records are accessible to staff and the consumer.
	_____	▪ Staff give the person access to his/her record.	
	_____	▪ The staff is knowledgeable about the information maintained in the record and can answer questions.	
<b>3.2.13 Individuals do not perform unpaid work for which others receive pay.</b>	_____	People are not required to perform for free any activities for which other people would receive pay.	<p>The intent of this standard is to prevent exploitation of individuals. Examples of this type of work may be washing windows at a business, performing errands/favors for staff, etc.</p> <p>Ask the person about what they do and ask if they are paid.</p>
<b>3.2.14 Individuals' rights to a free, appropriate public education are supported</b>	_____	People are provided educational opportunities per Individuals with Disabilities Education Act (IDEA), PL94-142.	Children of school age are receiving educational opportunities/attending school.

**In addition to the above requirements, all agencies must comply with 9 CSR 10-5.190 Criminal Record Review**

Principle	Compliance	Criteria	Guidelines
<b>SECTION 4.0 – Meeting Basic Needs</b>			
<b>4.1 Assuring and Promoting Good Health</b>			
<b>Outcome: Individuals maintain good health.</b>			
<b>4.1.01 Individuals have a primary health care provider to meet health care needs.</b>	_____	<p>The individual has a physician who:</p> <ul style="list-style-type: none"> <li>▪ Is responsible for coordination of medical needs for the individual.</li> <li>▪ Provide recommendations and follow up as necessary.</li> <li>▪ Provide documentation as to the health and health care needs of the individual.</li> </ul>	The primary provider may be an Advanced Practice Nurse (APN) practicing in accordance with the regulations outlined in the APN section of the Nurse Practice Act.
<b>4.1.02 Individuals obtain medical care at intervals recommended for other persons of similar health status.</b>	_____	<ul style="list-style-type: none"> <li>▪ Individuals in residential habilitation and ISL must have an annual physical exam.</li> </ul>	Requirement for annual physical does not apply to people supported in off-site day habilitation living in their natural homes. However, staff need pertinent health information to insure safety, e.g. some medications require that the person stay out of the sun, possible seizures, etc. This information should be updated as needed.
	_____	<ul style="list-style-type: none"> <li>▪ Day habilitation programs must have health information for the individual which would be pertinent to safely provide services/supports. Documentation is not necessary if there are no unusual health issues.</li> </ul>	Examples of documentation may be: information in the person's plan; a summary of the pertinent health issues (for example, if the individual is diabetic; has a seizure disorder; meds may cause skin photosensitivity; person is lactose intolerant and should not have milk; etc.); a statement from the primary health care provider regarding ability to participate in the program; or a copy of the physical exam.

Principle	Compliance	Criteria	Guidelines
	_____	<ul style="list-style-type: none"> <li>▪ Obtain routine medical and preventive medical care at intervals typical for the person's gender and age.</li> </ul>	Examples include pelvic exams for adult women, mammograms after 40, Prostrate Specific Antigen (PSA) for adult men, etc. The Health Care Protocols: A Handbook for DD Nurses, 1998, has information related to screening and routine tests.
	_____	<ul style="list-style-type: none"> <li>▪ Due to medications the physician prescribed, the physician may need to see the person more frequently for follow-up lab work and treatment.</li> </ul>	Residential habilitation programs (group homes) and ISLs must have reports from ordered lab tests on file.
	_____	<ul style="list-style-type: none"> <li>▪ There may be ongoing daily, weekly, monthly, quarterly health needs that require regular monitoring by a physician.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ Emergency health care needs receive immediate attention and follow-up.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ The individual's record contains documentation that follow-up is completed for recommended appointments and lab work.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ When health care problems are identified by staff or consumer, there should be documentation that follow-through occurred.</li> </ul>	
<b>4.1.03 Individuals obtain a dental examination at intervals recommended for other persons of similar health status and receive follow-up dental treatment as needed.</b>	_____	<ul style="list-style-type: none"> <li>▪ There is evidence of regular check ups and cleaning, at least on an annual basis.</li> </ul>	Day habilitation programs must have dental information for the individual only when pertinent to safely providing services/supports. Examples may include such things as the individual wears dentures; food must be mechanically altered; the individual has an alteration in chewing or swallowing ability; adaptations in oral hygiene are needed; etc.
	_____	<ul style="list-style-type: none"> <li>▪ There is evidence of follow-up visits as determined by the dentist.</li> </ul>	Day habilitation programs do not have to maintain records of dental visits.



Principle	Compliance	Criteria	Guidelines
	_____	▪ Dental recommendations are followed.	
	_____	▪ When dental problems are identified by staff or consumer, there should be documentation that follow-through occurred.	
<b>4.1.04 Individuals requiring specialized medical services have access to specialists.</b>	_____	The agency obtains services with specialists if needed and/or recommended; and follows through with any recommendations.	
<b>4.1.05 Individuals are offered support in preparation for medical and dental care.</b>	_____	Staff assist the person to use some means of relieving stress when this is an issue for the person.	Preparations for medical and dental visits are individualized.
<b>4.1.06 Individuals eat a well balanced diet appropriate to nutritional needs.</b>	_____	▪ A balanced variety of healthy foods are available to the person each day.	
	_____	▪ Persons have access to food and drink unless restricted by medical order.	
	_____	▪ Substitutions should be available and offered if food is refused.	
	_____	▪ At no time should food be used as punishment.	
	_____	▪ Staff are aware of any dietary restrictions.	
<b>4.1.07 Individuals who have special dietary needs have</b>	_____	▪ A physician orders special diets.	Ask provider if there is anyone who is on a specially ordered diet.

Principle	Compliance	Criteria	Guidelines
those needs reviewed by a dietary consultant.	_____	▪ If a dietary consult is ordered by the physician, the special diet is reviewed to determine if the diet is positively affecting the person's overall health status. Recommendations of the dietary consult should be followed.	The dietary consultant may be a Registered Dietician or nurse. This is required for physician-ordered special diets.
	_____	▪ There must be documentation and progress notes regarding whether the diet is followed and any observations of physical or behavioral responses.	Examples may be signs of high or low blood sugar for someone on a diabetic diet; documented weight loss for someone on a calorie-restricted diet; etc.
4.1.08 Individuals have the option to participate in fitness programs.	_____	Individuals know and can describe the program.	This only applies if an exercise program has been ordered by the physician to address a specific health need and is not followed.
4.1.09 Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status.	_____	▪ There are infection control and prevention policies that are in accordance with current CDC and Missouri Department of Health and Senior Services recommendations.	These should address, at a minimum, use of body substance precautions and reporting of communicable diseases.
	_____	▪ Staff must be trained in body substance precautions.	
	_____	▪ Staff are observed to use body substance precautions.	
	_____	▪ Soap, towels, and disinfectant are available.	If a person who attends day habilitation has a communicable disease, the day program staff must have information on the disease; how to prevent transmission; and how to care for the person.
	_____	▪ When a communicable disease has been diagnosed, provider must have documentation that:	
		◇ appropriate measures have been taken to prevent transmission;	
		◇ there has been adequate training for staff; and	
		◇ there is appropriate treatment/care.	

Principle	Compliance	Criteria	Guidelines
<b>4.1.10 Individuals make informed choices about taking prescribed medications.</b>	_____	<ul style="list-style-type: none"> <li>▪ Persons receiving residential habilitation or ISL services must have an annual TB test, unless otherwise contraindicated or ordered. <ul style="list-style-type: none"> <li>◊ If a TB test is positive, there must be documentation of follow-up of the ongoing treatment plan by the primary health care provider.</li> </ul> </li> </ul>	Staff is not currently required to be tested for TB. Day habilitation programs (both on and off-site) are not required to have evidence of TB testing for the individual maintained in the file.
	_____	<ul style="list-style-type: none"> <li>▪ Persons receiving residential or ISL services must have a Hepatitis B vaccination. Documentation must be maintained that the Hep B vaccination was offered; whether or not vaccination was taken; or, if not taken, there must be a signed declination form that includes explanation of risk.</li> </ul>	Day habilitation programs (both on and off-site) are not required to have HEP B immunization information on file.
	_____	<ul style="list-style-type: none"> <li>▪ Immunizations are kept current with guidelines of the Missouri Department of Health and Senior Services.</li> </ul>	For residential habilitation and ISL, information regarding immunizations appropriate for the age group should be found in the record, to include any refusal of individual/guardian to obtain the immunizations.
	_____	<ul style="list-style-type: none"> <li>▪ Individuals should have access to the following information: <ul style="list-style-type: none"> <li>◊ Type of medications;</li> <li>◊ Purpose of medications;</li> <li>◊ Time to take medications;</li> <li>◊ Side effects of medications;</li> <li>◊ How the medication is to be taken;</li> <li>◊ What supports, if any, will be necessary; and</li> <li>◊ How long the medication is to be taken.</li> </ul> </li> </ul>	Information is to be documented in the individual's record.  Access means that a person receiving supports or a guardian must have access upon request.
	_____	<ul style="list-style-type: none"> <li>▪ A consumer has a right to refuse medications. If a person refuses medication, documentation shows that the agency has provided supports so that the person is making an informed choice and has been given information of the consequences of not taking the medication.</li> </ul>	

Principle	Compliance	Criteria	Guidelines
<b>4.1.11 Individuals take medications as prescribed.</b>	_____	<ul style="list-style-type: none"> <li>▪ If the person has consistently refused to take medications, there should be documentation that the person's team has evaluated the person's ability to make an informed choice.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ A licensed physician or APN prescribes all medications, except first aid topicals.</li> </ul>	Physicians orders must be present in the record, including in day habilitation. Copies of the orders are acceptable for day habilitation.
	_____	<ul style="list-style-type: none"> <li>▪ All medications should have a prescribed dosage and time.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ There must be a method of recording all prescribed medications.</li> </ul>	If a consumer never takes medication during off site day habilitation service, the agency is not responsible for medications. If a consumer lives in their own home (not ISL placement) and receives a few hours of OSDH, takes meds on own and medication supports are not in the person's plan, the agency is not responsible for recording.
	_____	<ul style="list-style-type: none"> <li>▪ All prescribed medications should have a side effect sheet available to the person and/or support staff.</li> <li>▪ Regarding self-administration of medications, the contract states: "The contractor may allow the resident or client self-administer medication if pre-approved on the client's services/support plan. The contractor shall ensure that the resident of client understands the purpose and side effects of their medication. The contractor shall monitor the resident's or client's self-administration of medication so as to ensure their safety and health. Contractor personnel working with residents or clients who self-administer medication do not require training in medication administration but shall be knowledgeable about the resident's or client's medication regime and their possible side effects." Part II, 15.2.</li> </ul>	

Principle	Compliance	Criteria	Guidelines
	_____	If the individual self-administers medications, then it must be indicated in the plan. It is not required that there be any reference to self-administration of medications if the person does not self-administer medications.	<p>If a person self-administers medications that means that the staff are released from keeping the MAR documentation.</p> <p>If a person self-administers medications:</p> <ul style="list-style-type: none"> <li>◦ The person's interdisciplinary team has pre-approved the self-administration of medication and this is documented in the person's plan.</li> <li>◦ The individual has been provided training in administering his or her own medications and recording the medications administered and demonstrates responsibility in taking prescribed medications and recording them appropriately. Ask the person.</li> <li>◦ The individual knows how to call or get support if a dosage is missed, extra medication is taken or an adverse reaction is experienced. Ask the person.</li> <li>◦ The individual has been educated and knows how to utilize the pharmacy and/or physician, or knows how to get supports to access their medical records, report problems with prescriptions, etc. Ask the person.</li> <li>◦ The agency must have a system for monitoring self-administration. Ask about the agency's system and review the procedures.</li> <li>◦ Ongoing documentation may not be necessary if the individual has been provided with the necessary information and can manage his/her own medication administration without difficulty. The agency may not be keeping an MAR.</li> </ul>

Principle	Compliance	Criteria	Guidelines
<b>4.1.12 Individuals are supported in safely managing their medications.</b>	_____	If a person is learning to take their own medications, this is considered partial participation. Staff must have oversight of documentation on the MAR.	Staff are responsible for following or supporting the person to follow all requirements of medication administration including documentation on the MAR, labeling, storage, etc..  Progress notes about learning to self-administer medications should address the goals in the person's plan.
	_____	▪ Medications must be regularly evaluated as determined by the physician and/or as effects of medications are noticed.	Ask staff if they know what a person's medications are for; where staff would look to find out; if the person has shown any side effects; and where they would look to find out what the medications side effects are.
<b>4.1.13 Individuals' medications are regularly evaluated to determine their continued effectiveness.</b>	_____	▪ Medications must be evaluated at least annually or as recommended by the physician.	Examples could include: some medications need more frequent evaluation and monitoring such as lithium, clobazam, dilantin, etc.; if person is receiving medications for blood pressure, then vital signs should be monitored on routine basis for effectiveness of med to keep BP within normal limits; effectiveness of seizures med. through seizure record documentation.
	_____	▪ Prescribed medications should have prescription renewal determined by the physician.	This requirement doesn't pertain to how often medication orders are signed.
	_____	▪ The support staff knows the prescription renewal process.	There should be signed doctor's orders in the person's record. There should be documentation that staff are following doctor's orders for review of medications.
	_____	▪ The person should be supported in accessing his/her physician for regular medication reviews as determined by the physician.	

Principle	Compliance	Criteria	Guidelines
	_____	<ul style="list-style-type: none"> <li>▪ There should be evidence that if medications are not being effective based on the intent of the prescription the person should be supported in having the physician review the need for continuation of the medication.</li> </ul>	
<b>4.1.14 Individuals who take medications are supported by people who are knowledgeable about accepted standards of practice in medication management.</b>	_____	<ul style="list-style-type: none"> <li>▪ Staff who pass medications have passed a medication administration course as required in the 9 CSR 45-3.070 Certification of Medication Aides Serving Persons with Developmental Disabilities</li> </ul>	The following must be in personnel record: a copy of a certificate for Level I Medication Aide or certificate for Medication Aide Serving People with Developmental Disabilities.
	_____	<ul style="list-style-type: none"> <li>▪ Staff who pass medications must follow the practices taught in the Level I Medication Aide course or Medication Aides Serving Persons with Developmental Disabilities.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ All staff training related to medications is documented in the personnel file.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ Medication administration training is updated every 2 years and documented in the personnel record.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ Staff recognizes medication errors and knows how to report them.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ Medications are stored, administered, and disposed of in accordance with generally accepted standards.</li> </ul>	The Level I Med Aide and MRDD Med Aide curriculum outlines generally accepted standards.
<b>4.2 Assuring Individual Safety</b>			
<b>Outcome: Individuals' environments are safe while assuring choice and freedoms.</b>			
<b>4.2.01 Individuals receive the degree of supervision consistent with personal ability and the nature of the environment.</b>	_____	Staffing patterns that have been developed and approved by the regional center should be implemented.	Required staffing patterns are determined by the Regional Center during the contract process for Day Habilitation and Residential Habilitation and in the budget for ISL. Staffing patterns are not found in the person's plan.

Principle	Compliance	Criteria	Guidelines
<b>4.2.02 Individuals' homes and other environments are clean, safe, and well maintained.</b>	_____	▪ Person's homes and other environments are maintained in a way that ensures their safety and well being.	Observe number of staff supporting individuals and discuss staffing pattern with agency director and staff.  Clean means different things to different people. At the minimum, it would mean that persons are not living or receiving supports where there is visible filth, insects/pests, or obnoxious smells, such as urine, etc.  Safe would mean that individuals' environments are conducive to their safety and well-being, and that no harm can come to them by virtue of being in the environment. This would include that regular maintenance is performed to keep all appliances, equipment, fire safety supplies, stairs, etc. in good working order.
	_____	▪ Water temperature should be at a safe level.	An individual should be able to hold a hand under the tap without the temperature feeling so hot the hand needs to be removed.
<b>4.2.03 Individuals' homes and other environments have modifications or adaptations to ensure safety.</b>	_____	Modifications and/or adaptations for safety may include if needed, but are not limited to: <ul style="list-style-type: none"> <li>◇ Grab bars.</li> <li>◇ Non-slip surfaces for independent bathing.</li> <li>◇ Clamps and jigs in the work place or living environment.</li> <li>◇ Clothing adaptations.</li> <li>◇ Vehicles with lifts and/or automatic seat belts.</li> <li>◇ Phones to meet person's needs, i.e., automatic dials, larger numbers, TTY.</li> <li>◇ Accessibility codes met for person who are non-ambulatory.</li> </ul>	Modifications and/or adaptations refer to those characteristics of the environment that make it possible for people to participate in daily life activities to the best of their capabilities and to maintain a safe lifestyle.  Adaptations should be minimally conspicuous and non-stigmatizing.



Principle	Compliance	Criteria	Guidelines
<b>4.2.04 Individuals' homes and other environments have passed externally conducted health, safety, and mechanical inspections.</b>	_____	<ul style="list-style-type: none"> <li>▪ If not on a public water supply, the water should be inspected annually by a health agency.</li> </ul>	Requirements for fire/safety inspections are included in 9 CSR 45-5.110 for On-site Day Habilitation; and 9 CSR 45-5.130, 5.140 and 5.150 for Residential Habilitation. ISLs do not require an external fire safety inspection.
<b>4.2.05 Individuals' safety is assured through preventive maintenance of vehicles, equipment, and buildings.</b>	_____  _____	<ul style="list-style-type: none"> <li>▪ There are systems in place, performed on a regular basis and in a timely manner, to ensure the preventive maintenance of vehicles, equipment and buildings.</li> <li>▪ There is documentation of regular and preventative maintenance performed on agency-owned vehicles, agency-owned equipment and agency-owned buildings</li> </ul>	
<b>4.2.06 Individuals are transported safely.</b>	_____	<p>If the agency owns the vehicles or provides transportation to persons the following conditions should be met:</p> <ul style="list-style-type: none"> <li>◇ All drivers should have valid driver's license.</li> <li>◇ All vehicles must be properly insured, licensed, and inspected - both personal vehicles and agency-owned.</li> <li>◇ The vehicles should have working seat belts for the number of passengers and use them.</li> </ul>	<p>Verification of current drivers license should be maintained in files.</p> <p>Vehicles must have current inspection sticker and current license plates. Personnel records should contain verification of insurance for staff who use their own vehicles to transport individuals. The agency maintains insurance verification for agency-owned vehicles.</p>

Principle	Compliance	Criteria	Guidelines
		<ul style="list-style-type: none"> <li>◇ Insurance and emergency information should be contained in the vehicle in case of emergency situation.</li> <li>◇ Vehicles that transport persons with physical disabilities are adapted to meet their needs.</li> </ul>	<p>The agency has a plan for staff to follow in case of emergency which includes such information as who to call, what to do in inclement weather, etc. At a minimum it must have the 911 and/or local EMS number, agency emergency call number and insurance information. This should be in an accessible place in the care, such as glove compartment, sun visor, etc.</p>
<b>4.2.07 Individuals have the option to participate in home repair and maintenance training.</b>	_____	The agency has provided opportunities for individuals to participate or have partial participation in home repair or maintenance training.	Ask the provider and the person if there have been these types of opportunities which can include things such as changing light bulbs, smoke alarm batteries, learning how to do simple repairs, etc.
<b>4.2.08 The temperature of individuals' homes is within an accepted comfort range of 68 to 78 degrees.</b>	_____	The temperature of individual homes is within the accepted comfort range.	Talk with the individual(s) supported to determine if the temperature meets their comfort level. Check the thermostat.
<b>4.2.09 Individuals are supported in responding to emergencies in a safe manner.</b>	_____	<ul style="list-style-type: none"> <li>▪ Individuals and support staff are trained in emergency procedures for fire, medical emergency, tornado, earthquake, flood (if appropriate to area) and others if appropriate to the person's safety.</li> </ul>	Staff verbalizes what to do in emergencies. Individuals can tell or show how to respond, if able.

Principle	Compliance	Criteria	Guidelines
	_____	<ul style="list-style-type: none"> <li>▪ Individuals have access to the necessary adaptations to respond to emergency situations, i.e., if a person uses a wheelchair this should be accessible to the person at all times.</li> </ul>	
	_____	<ul style="list-style-type: none"> <li>▪ Emergency information and phone numbers are maintained and are accessible to the person and support staff at all times.</li> </ul>	Emergency information should be in a place that is readily available such as in a drawer by the phone, inside a cabinet door, etc. It is not required to be posted.
<b>4.2.10 Individuals participate in emergency drills occurring during daytime, evening, and nighttime hours at least four times annually.</b>	_____	The following information must be maintained for ISLs :	Drills should take place on all shifts on which the individuals supported are present. Drills are not required in ISL if the individual is able to self-evacuate and does not have 24-hour staff supervision. Additional requirements related to fire/safety are contained in 9 CSR 45-5.110 for On-site Day Habilitation; and in 9 CSR.45-5.130, 5.140 and 5.150 for Residential Habilitation.
		<ul style="list-style-type: none"> <li>◇ 3 fire drills; and</li> <li>◇ 1 natural disaster drill.</li> </ul>	If individuals need to be carried out or if individuals are considered medically fragile and participation in drills would put them at risk, staff may practice drills by substituting someone else for the individual(s). Such an emergency drill must be designed to be specific to the individual(s).
<b>4.2.11 Individuals are supported or served by staff who is knowledgeable about emergency procedures.</b>	_____	<ul style="list-style-type: none"> <li>▪ There are written procedures for meeting emergencies and disasters such as fire, severe weather, missing person, vehicle breakdown, etc. available to all staff.</li> </ul>	Copies of written procedures for emergencies should be in each home for staff to review/use.
	_____	<ul style="list-style-type: none"> <li>▪ Staff is considered knowledgeable about emergency procedures under these conditions: <ul style="list-style-type: none"> <li>◇ Staff understand and can demonstrate and explain emergency procedures.</li> </ul> </li> </ul>	Ask staff what to do in case of emergencies.

Principle	Compliance	Criteria	Guidelines
		<ul style="list-style-type: none"> <li>◇ Staff is knowledgeable of emergency exits and methods to evacuate when exits could be blocked.</li> <li>◇ Staff knows the support needs of the person in responding to an emergency situation.</li> </ul>	<p>Ask staff to point out exits and to describe other methods used if exits are blocked.</p> <p>Ask staff about the support needs of the individuals.</p>
<b>4.2.12 Individuals have access to adequate evacuation exits.</b>	_____	▪ There is at least one means of exit or pathway to an exit on each floor.	Adequate evacuation exits means that there are enough modes or methods by which a person could evacuate in an emergency situation. It also means that these evacuation exits are accessible to meet the person's need to evacuate as independently as possible. Exits could be doors or windows but must be easily accessible and usable by the person.
	_____	▪ The means of exit must be accessible and safe to the person.	
	_____	▪ The means of exit must not be blocked.	
	_____	▪ Exit doors are easily opened.	The number of total exits depends upon the person and the design of the home.
	_____	▪ Fire doors are not propped open.	If the person and his/her team determines that an emergency plan should be developed, this plan reflects the unique needs of the person specific to the environment.
	_____	▪ All corridors/passageways required for exit have a clear path of travel.	
<b>4.2.13 Individuals have properly marked and easily accessible fire fighting equipment in their homes.</b>	_____	▪ All homes have at least 1 fire extinguisher in or near the kitchen area.	Look for the fire extinguisher.
	_____	▪ Fire extinguisher has expiration date or preventive maintenance tag/documentation, and indicator of charge. The fire extinguisher has directions for use on the equipment.	Fire extinguishers must be charged and have a current tag.
	_____	▪ Fire extinguishers must be in areas where, in case of emergency, persons can locate and obtain the equipment quickly.	Ask staff and individuals to point out the fire extinguisher.

Principle	Compliance	Criteria	Guidelines
<b>4.2.14 Individuals' homes have an operating smoke detector</b>	_____	▪ There will be an operable smoke detector in or near each bedroom and in proximity to the area where any individual or staff sleeps.	Observe smoke detectors and check that they are operational. Additional requirements related to fire/safety are contained in 9 CSR 45-5.110 for On-site Day Habilitation; and in 9 CSR.45-5.130, 5.140 and 5.150 for Residential Habilitation.
	_____	▪ There is a smoke detector on each level of the home.	
<b>4.2.15 Individuals have adaptive emergency alarm systems based upon need.</b>	_____	Persons who cannot react to emergency situations in a safe and expedient manner should have the supports necessary.	Persons may require various types of emergency alarm systems to meet their needs in getting help or reacting to emergency situations.
	_____	▪ If adaptive alarm systems are in use, they are tested and working.	Persons who are blind may need alarms or vibrating systems.
	_____	▪ An emergency drill outlines the support needs of the individuals to safely evacuate.	Persons who are deaf may need alarms that use lights or vibrating systems. A person who has 24-hour staff is not required to have a specialized adaptive system.
<b>4.2.16 Individuals have the option to take First Aid, have access to basic first aid supplies, or are provided first aid by knowledgeable staff.</b>	_____	▪ All staff must have current certification in First Aid, taught by a certified trainer.	This applies to residential habilitation, on- and off-site day habilitation and ISL services. There must be at least one person on duty in each home that is certified to administer first aid.
	_____	▪ Documentation of training is maintained in the personnel file.	
	_____	▪ There are first aid supplies available in each home and accessible for persons to safely administer first aid that would include but are not limited to: <ul style="list-style-type: none"> <li>◇ Band-aids.</li> <li>◇ Bandages.</li> <li>◇ Antiseptic.</li> <li>◇ Tape for bandages.</li> <li>◇ Scissors.</li> </ul>	

Principle	Compliance	Criteria	Guidelines
<b>4.2.17 Individuals are provided cardio pulmonary resuscitation by knowledgeable staff.</b>	_____ _____	<ul style="list-style-type: none"> <li>▪ All staff are trained and certified in CPR by a certified trainer.</li> <li>▪ Documentation of training/certification is maintained in the personnel file.</li> <li>▪ All persons certified in CPR renew their certificates as follows: <ul style="list-style-type: none"> <li>◇ American Red Cross – Annually.</li> <li>◇ American Heart Association – Every 2 years.</li> </ul> </li> </ul>	CPR training must be competency based.
<b>4.2.18 Individuals incurring injuries or experiencing unusual incidents have this documented in their files.</b>	_____ _____	<ul style="list-style-type: none"> <li>▪ Procedures on notifying the regional center of any injuries or unusual incidents are implemented.</li> <li>▪ Procedures for documenting injuries or unusual incidents in a person's record are implemented.</li> </ul>	<p>Incident is defined as an occurrence that might have led or did lead to an undesirable outcome.</p> <p>Injury is defined as any physical harm or damage that requires medical treatment more intensive than minor first aid.</p> <p>Incident and injury forms are not kept in the individual's file but in a facility file and copies forwarded to the regional center.</p>
<b>4.2.19 Individuals are supported or served by staff who has pertinent information to facilitate ordinary or emergency notification of family, guardians, and other interested parties</b>	_____	<p>The following information should be made available and accessible to support staff to ensure timely emergency notification:</p> <ul style="list-style-type: none"> <li>◇ Full name of the person.</li> <li>◇ Insurance information (Medicaid, Medicare, social security, etc.).</li> <li>◇ List of persons who are to be notified in emergency situations: <ul style="list-style-type: none"> <li>- Name of person.</li> <li>- Phone number(s).</li> <li>- Address.</li> <li>- Relationship to the person.</li> </ul> </li> </ul>	<p>Pertinent information refers to those names, numbers, addresses, etc. of the persons' family members, guardians and others active in ensuring the safety and well-being of the person.</p> <p>The information may be at or near a telephone or in some other accessible place of the individual's choice.</p>

Principle	Compliance	Criteria	Guidelines
<b>4.2.20 Individuals' safety is assured by secure storage of materials and equipment necessary for household maintenance.</b>	_____	<ul style="list-style-type: none"> <li>▪ Combustible supplies and equipment should be stored safely.</li> </ul>	Safely means away from any source of heat or flame such as furnace, water heater, stove, etc.
	_____	<ul style="list-style-type: none"> <li>▪ The person has recorded in his/her file the amount of support needed to utilize toxic compounds. Toxic compounds are locked if the person supported cannot utilize them safely without supports.</li> </ul>	<p>Toxic materials are locked only if required by a person's plan.</p> <p>References to locked toxic materials are only in the plans of those individuals who have this identified as a safety issue.</p> <p>Other examples of secure storage may include, but are not limited to: compressed gas cylinders secured to prevent falling; wool blankets prohibited from use when using oxygen; sharps discarded in prescribed containers which are not overfull.</p>
	_____	<p>Where food is prepared and where the clean up of meals is conducted, the following is required:</p> <ul style="list-style-type: none"> <li>▪ Soap and towels are readily available to wash and dry hands in the area.</li> <li>▪ Working surfaces, such as countertops, stoves, dishes, etc., are clean.</li> <li>▪ Appliances that cook and clean are in good working condition.</li> <li>▪ Dishes are washed in hot soapy water and rinsed in hot water, or washed in an automatic dishwasher.</li> <li>▪ There are no offensive odors present.</li> <li>▪ There are no rodents or insects in the area.</li> </ul>	<p>Safe means that the area where persons will be preparing food and cleaning up after meals or cooking have the appropriate appliances and supports to do this without fear of injuring themselves.</p> <p>If food is being prepared during a survey visit, observe safe and sanitary practices.</p>
<b>4.2.22 Individuals who need assistance to eat in an upright position are provided needed supports</b>	_____	<p>Persons who do not eat in an upright position should have the following documentation in the individuals record:</p> <ul style="list-style-type: none"> <li>◇ The reason the person cannot eat in an upright position.</li> </ul>	Individuals are provided the specialized techniques and equipment needed for nourishment.

Principle	Compliance	Criteria	Guidelines
and adaptations.		◇ The position to be utilized when eating.	
<b>4.2.23 Individuals use mechanical supports only as prescribed.</b>	<p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> <li>▪ These supports must be prescribed by a physician or APN yearly.</li> <li>▪ Mechanical supports are present and being used as prescribed</li> </ul>	<p>Mechanical supports refers to those items and/or equipment utilized to maintain or enhance a person's ability to perform daily activities more independently. They may include, but are not limited to, wheelchairs, walkers, braces, helmets, orthotics, reachers, etc.</p> <p>Determine that staff knows the supports needed and how to use them by observing and asking questions.</p>
<b>4.2.24 Individuals use adaptive, corrective, mobility, orthotic, and prosthetic equipment that is in good repair.</b>	<p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> <li>▪ Documentation of repairs and ongoing preventive maintenance based on the manufacturer recommendations is maintained.</li> <li>▪ If the equipment is broken, the person has use of replacement equipment that is of equal quality until his/her equipment is repaired.</li> <li>▪ Documentation of staff training on the use and maintenance procedures for any equipment and/or device is maintained.</li> </ul>	

## Fire Safety

### 9 CSR 45-5.110 On-site Day Habilitation

(1)(A)C	_____	<ul style="list-style-type: none"> <li>▪ Staff conducts at least <ul style="list-style-type: none"> <li>◇ one fire drill per month.</li> <li>◇ a disaster drill twice per year.</li> </ul> </li> <li>▪ A written record of drills is maintained that includes: <ul style="list-style-type: none"> <li>◇ Date the drill took place,</li> <li>◇ Type of drill,</li> </ul> </li> </ul>	<p>Documentation should also include time of day the drill took place.</p>
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Principle	Compliance	Criteria	Guidelines
(1)(D)	<p>_____</p> <p>Each drill evacuates all persons from the building, or evacuate to an area of refuge and defend in place; and</p> <ul style="list-style-type: none"> <li>◇ Time required to evacuate the building,</li> <li>◇ Whether the evacuation was completed,</li> <li>◇ Notation of any problems evacuating, and</li> <li>◇ Number of occupants present during the drill.</li> </ul> <p>◇ Simulates an actual fire condition;</p> <p>◇ Personal effects or clothing is not obtained after the alarm has sounded;</p> <p>◇ Occupants and staff proceed to a predetermined meeting place;</p>		
			<p>The predetermined meeting site must be remote enough to avoid fire danger. There may also be a meeting place inside the building to defend in place. Defend in place means an area that will provide protection for occupants if it is unsafe or not practical to evacuate these occupants from the building for a period of time before the responding fire department can arrive to assist with the evacuation. In case of disaster/weather drills, evacuation can be to a predetermined point within the building.</p>
		<p>◇ Occupants and staff remain in place until recall is issued or they are dismissed.</p>	
(1)(F)	<p>_____</p> <p>Flammable and/or toxic materials are stored so they are inaccessible to the occupants.</p>		<p>This includes combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines and other hazardous items.</p>
(1)(J)	<p>_____</p> <p>Good housekeeping practices that ensure fire safety are maintained.</p>		

Principle	Compliance	Criteria	Guidelines
(1)(K)	_____	Stairways, walks, ramps and porches are free from ice and snow.	
(1)(V)	_____	The on-site day habilitation facility has an approved inspection by the State Fire Marshal annually.	Documentation of the fire safety inspection is maintained and observed.
(2)(K)	_____	Hallways are kept free of obstructions that could impede evacuation.	This includes, but is not limited to, hallways, exit doors, etc.
(7)(A&B)	_____	Smoke detectors are installed and working.	Requirements are described for programs with <50 people and >50 people supported.
(7)(I)	_____	At least 1 fire extinguisher is present with additional extinguishers as needed.	The state Fire Marshal may require additional extinguishers and that would be noted on the report of fire/safety inspection.
(8)(N)	_____	Combustibles are enclosed in a metal container if stored in the furnace room.	
(9)(B)	_____	Electrical extension cords are not used.	The Fire Marshal may approve extension cords and the approval must be in writing and maintained at the agency.

### 9 CSR 45-5.130 Residential Habilitation for 4-9 People

(1)(A)	_____	<ul style="list-style-type: none"> <li>▪ Staff conducts at least <ul style="list-style-type: none"> <li>◊ one fire drill per quarter, and</li> <li>◊ a one disaster/weather drill per quarter.</li> </ul> </li> <li>▪ A written record of drills is maintained that includes: <ul style="list-style-type: none"> <li>◊ Date the drill took place,</li> <li>◊ Type of drill,</li> <li>◊ Time required to evacuate the building,</li> </ul> </li> </ul>	<p>A drill must be conducted within 1 week of the arrival of a new resident. At least one of the disaster/weather drills must be while residents are sleeping.</p> <p>Documentation should also include time of day the drill took place.</p>
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Principle	Compliance	Criteria	Guidelines
(1)(D)	_____	<ul style="list-style-type: none"> <li>◇ Whether the evacuation was completed,</li> <li>◇ Notation of any problems evacuating, and</li> <li>◇ Number of occupants present during the drill.</li> </ul> <p>Each drill evacuates all persons from the building or evacuates to an area of refuge to defend in place. The drill:</p> <ul style="list-style-type: none"> <li>◇ Simulates an actual fire condition;</li> <li>◇ Personal effects or clothing is not obtained after the alarm has sounded;</li> <li>◇ Occupants and staff proceed to a predetermined meeting place;</li> </ul>	<p>The predetermined meeting site must be remote enough to avoid fire danger. There may also be a meeting place inside the building to defend in place. Defend in place means an area that will provide protection for occupants if it is unsafe or not practical to evacuate these occupants from the building for a period of time before the responding fire department can arrive to assist with the evacuation. In case of disaster/weather drills, evacuation can be to a predetermined point within the building.</p>
		<ul style="list-style-type: none"> <li>◇ Occupants and staff remain in place until recall is issued or they are dismissed.</li> </ul>	<p>If a resident is medically fragile and there is potential harm in participating in the drill, an exception can be made. However, the individual must be included in the evacuation at least once per year. This information must be documented in the home.</p>
(1)(F)	_____	<p>Flammable and/or toxic materials are stored so they are inaccessible to the occupants if the occupants cannot handle these materials safely.</p>	<p>This includes combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines and other hazardous items. Information should be in the personal plan if a resident cannot handle these materials safely.</p>
		<p>Firearms and ammunition are kept in a locked space and residents do not have access.</p>	<p>If the resident owns the firearm/ammunition, it must still be locked and inaccessible to other residents.</p>

Principle	Compliance	Criteria	Guidelines
(1)(I)	_____	Good housekeeping practices that ensure fire safety are maintained.	
(1)(J)	_____	Stairways, walks, ramps and porches are free from ice and snow.	
(1)(V)	_____	The certified residential facility has an approved inspection by the State Fire Marshal annually.	
(2)(J)	_____	Hallways are kept free of obstructions that could impede evacuation.	This includes, but is not limited to, hallways, exit doors, bedroom doors, etc.
(6)(A)	_____	Smoke detectors are installed and working.	
(6)(H)	_____	At least 1 fire extinguisher is present in the kitchen with additional extinguishers in the facility as needed.	The state Fire Marshal may require additional extinguishers and that would be noted on the report of fire/safety inspection.
(7)(O)	_____	Combustibles are enclosed in a metal container if stored in the furnace room.	
(8)(B)	_____	Electrical extension cords are not used.	The Fire Marshal may approve extension cords and the approval must be in writing and maintained at the agency.  The use of UL-approved fused power surge strips is acceptable.
<b>9 CSR 45-5.140 Residential Habilitation for 10-16 People</b>			
(1)(A)	_____	<ul style="list-style-type: none"> <li>▪ Staff conducts at least               <ul style="list-style-type: none"> <li>◊ one fire drill per month, and</li> <li>◊ a one disaster/weather drill per month.</li> </ul> </li> </ul>	A minimum of 2 drills per year are conducted while residents are sleeping. 1 of these drills is a fire drill and 1 a disaster drill.

Principle	Compliance	Criteria	Guidelines
(1)(D)	_____	<ul style="list-style-type: none"> <li>▪ A written record of drills is maintained that includes:               <ul style="list-style-type: none"> <li>◇ Date the drill took place,</li> <li>◇ Type of drill,</li> <li>◇ Time required to evacuate the building,</li> <li>◇ Whether the evacuation was completed,</li> <li>◇ Notation of any problems evacuating, and</li> <li>◇ Number of occupants present during the drill.</li> </ul> </li> </ul>	Documentation should also include time of day the drill took place.
	_____	<p>Each drill evacuates all persons from the building, or evacuates to an area of refuge to defend in place, and</p> <ul style="list-style-type: none"> <li>◇ Simulates an actual fire condition;</li> <li>◇ Personal effects or clothing is not obtained after the alarm has sounded;</li> <li>◇ Occupants and staff proceed to a predetermined meeting place;</li> </ul> <p>◇ Occupants and staff remain in place until recall is issued or they are dismissed.</p>	<p>The predetermined meeting site must be remote enough to avoid fire danger. There may also be a meeting place inside the building to defend in place. Defend in place means an area that will provide protection for occupants if it is unsafe or not practical to evacuate these occupants from the building for a period of time before the responding fire department can arrive to assist with the evacuation. In case of disaster/weather drills, evacuation can be to a predetermined point within the building.</p> <p>If a resident is medically fragile and there is potential harm in participating in the drill, an exception can be made. However, the individual must be included in the evacuation at least once per year. This information must be documented in the home.</p>

Principle	Compliance	Criteria	Guidelines
(1)(F)	_____	Flammable and/or toxic materials are stored so they are inaccessible to the occupants, if occupants cannot handle these materials safely.  No firearms and/or ammunition are on the premises.	This includes combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines and other hazardous items.
(1)(H)	_____	Good housekeeping practices that ensure fire safety are maintained daily.	
(1)(J)	_____	Stairways, walks, ramps and porches are free from ice and snow.	
(1)(V)	_____	The certified residential facility has an approved inspection by the State Fire Marshal annually.	
(2)(K)	_____	Hallways are kept free of obstructions that could impede evacuation.	This includes, but is not limited to, hallways, exit doors, bedroom doors, etc.
(6)(H)	_____	At least 1 fire extinguisher is present in the kitchen with additional extinguishers in the facility as needed.	The state Fire Marshal may require additional extinguishers and that would be noted on the report of fire/safety inspection.
(7)(O)	_____	Combustibles are enclosed in a metal container if stored in the furnace room.	
(8)(B)	_____	Electrical extension cords are not used.	The Fire Marshal may approve extension cords and the approval must be in writing and maintained at the agency.  The use of UL-approved fused power surge strips is acceptable.

## 9 CSR 45-5.150 Residential Habilitation for 17 or More People

(1)(A)	_____	<ul style="list-style-type: none"> <li>▪ Staff conducts at least <ul style="list-style-type: none"> <li>◊ 1 fire drill and</li> </ul> </li> </ul>
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Principle	Compliance	Criteria	Guidelines
(1)(D)	_____	<ul style="list-style-type: none"> <li>◇ 1 disaster/weather drill per month.</li> <li>▪ A written record of drills is maintained that includes: <ul style="list-style-type: none"> <li>◇ Date the drill took place,</li> <li>◇ Type of drill,</li> <li>◇ Time required to evacuate the building,</li> <li>◇ Whether the evacuation was completed,</li> <li>◇ Notation of any problems evacuating, and</li> <li>◇ Number of occupants present during the drill.</li> </ul> </li> </ul>	<p>A minimum of 2 drills per year are conducted while residents are sleeping. 1 of these drills is a fire drill and 1 a disaster drill.</p> <p>Documentation should also include time of day the drill took place.</p>
	_____	<p>Each drill evacuates all persons from the building, or to an area of refuge to defend in place, and</p> <ul style="list-style-type: none"> <li>◇ Simulates an actual fire condition;</li> <li>◇ Personal effects or clothing is not obtained after the alarm has sounded;</li> <li>◇ Occupants and staff proceed to a predetermined meeting place;</li> </ul>	<p>The predetermined meeting site must be remote enough to avoid fire danger. There may also be a meeting place inside the building to defend in place. Defend in place means an area that will provide protection for occupants if it is unsafe or not practical to evacuate these occupants from the building for a period of time before the responding fire department can arrive to assist with the evacuation. In case of disaster/weather drills, evacuation can be to a predetermined point within the building.</p>
	_____	<ul style="list-style-type: none"> <li>◇ Occupants and staff remain in place until recall is issued or they are dismissed.</li> </ul>	<p>If a resident is medically fragile and there is potential harm in participating in the drill, an exception can be made. However, the individual must be included in the evacuation at least once per year. This information must be documented in the home.</p>

Principle	Compliance	Criteria	Guidelines
(1)(F)	_____	Flammable and/or toxic materials are stored so they are inaccessible to the occupants, if the occupants cannot handle these safely. No firearms/ammunition are allowed on premises.	This includes combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines and other hazardous items.
(1)(I)	_____	Good housekeeping practices that ensure fire safety are maintained daily.	
(1)(J)	_____	Stairways, walks, ramps and porches are free from ice and snow.	
(1)(V)	_____	The certified residential facility has an approved inspection by the State Fire Marshal annually.	
(2)(K)	_____	Hallways are kept free of obstructions that could impede evacuation.	This includes, but is not limited to, hallways, exit doors, bedroom doors, etc.
(6)(H)	_____	At least 1 fire extinguisher is present in the kitchen with additional extinguishers in the facility as needed.	The state Fire Marshal may require additional extinguishers and that would be noted on the report of fire/safety inspection.
(7)(O)	_____	Combustibles are enclosed in a metal container if stored in the furnace room.	
(8)(B)	_____	Electrical extension cords are not used.	The Fire Marshal may approve extension cords and the approval must be in writing and maintained at the agency.  The use of UL-approved fused power surge strips is acceptable.